THE NEW YORK HOSPITAL

REPORT OF THE PHYSICIAN-IN-CHIEF

DR. EUGENE F. Du BOIS

June 6, 1935

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THE NEW YORK HOSPITAL
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REPORT OF THE
PHYSICIAN-IN-CHIEF

To the President of the Board of Governors:

Dear Sir:—The Physician-in-Chief welcomes the invitation to present to you an account of the work of the Department of Medicine. It is now almost three years since we opened our new building and there has been no detailed report during this period.

Our hospital is fortunate in possessing a building and equipment that is completely satisfactory. We are also fortunate in having a close affiliation with an outstanding medical school, Cornell University Medical College. Such opportunity carries responsibilities greater than those which confront smaller and less favored institutions. It is not enough for a department of medicine to make a record that may be classified as good. Unless it is excellent the department has failed in its main purpose.

The great menace in the medical sciences at the present time is an overabundance of mediocrity. There is a prevailing idea that a paucity of first class work may be compensated by a large mass of second rate material. Mediocrity in medicine surrounds us, is accepted as passable, arouses little criticism, is easy, comfortable, contagious. Those who try to escape above it must labor against inertia, meet much criticism and perhaps active opposition.

In a department such as medicine mediocrity can never be eliminated but at least certain measures can be taken to check its growth. Of these most important is the selection of a personnel with standards that are proof against discouragement. There must be in each individual a love of science as evidenced not only by personal sacrifice but also by an active effort to add to the sum total of knowledge in that science. There must be a spirit of self examination and when comparisons with other institutions are made only the best in the country are to be considered.

There is no greater help in maintaining high standards than the continual presence of medical students. These young men and women are representatives of the best that our country has to offer. They form a highly selected group, well educated, critical, idealistic. From the time of the middle ages to the present, the best doctors have taught medical students. It is scarcely possible for a hospital to excel or become famous unless it is actively engaged in teaching. In England each great hospital maintains its own medical school. In America the great hospitals accomplish the same end by their affiliations with universities.

The most cordially welcomed aid in the work of the medical department is a constant insistence on high standards by the Board of Governors.

Since the foundation of the New York Hospital in the reign of George III the Board of Governors has held clearly in mind the larger and more important aspects of the medical clinic. It has insisted always that the patients shall receive the best possible medical care; it has, in addition, emphasized the need for teaching within the hospital walls and for careful scientific work to advance the art of medicine. On my desk as I write are copies of the MEDICAL AND SURGICAL REGISTER: CONSISTING CHIEFLY OF CASES IN THE NEW YORK HOSPITAL, 1818 and 1820, which demonstrate the high standard maintained over 100 years ago. If the main object of the New York Hospital were the care of the greatest possible number of patients, the institution could have been developed along very different lines. Using efficiency methods that have been applied in factories arrangements could be made to take care of large numbers of patients at moderate cost. For this purpose an institution could be maintained with a small permanent staff of doctors. Many patients would receive adequate care at low cost but such beneficial results as were obtained would not extend beyond the patients actually treated.

With this type of hospital we must contrast the traditional development of the New York Hospital. The number of patients treated has been relatively small but the influence of the group relatively and actually great. The hospital has been used as a center for the instruction not only of medical students but also of large numbers of practicing physicians. Research in the wards and laboratories has added to the medical knowledge, not only of the doctors in immediate touch with the institution but of the world in general. The ultimate amount of good accomplished by a small institution may be twice or even a hundred times as great as that accomplished by an institution twice the size. The ratio depends entirely upon the character of the work. Both types of institutions are needed in a community: the important thing is to recognize which type of work is best fitted to the aims of a particular hospital.

Experience has shown that medical research and the best type of caring for the needs of patients are mutually helpful. A general hospital offers better opportunities for research than a special research institution. The clinician who is trained in both clinical medicine and the technique of investigation is in close touch with the practical necessities and the serious gaps in knowledge. He has the advantage of association with colleagues versed in the fundamental sciences and in the clinical specialties. Perhaps the most important phase of clinical research is the discipline of the investigator who is accustomed to submit his studies on patients to the same rigorous examination that is demanded in all the fundamental sciences. It is only such a training that can clear away the fallacies of pseudo science that have caused the sacrifice of thousands of lives in each successive generation. The routine care of patients and the administration of drugs appear simple, yet they are extraordinarily complex, much more difficult than the fundamental sciences because they involve not only these fundamental sciences but also the human element. The testing of a new drug or the evaluation of an old one requires a technique and judgment that can be obtained only by the long and strict mental discipline that prevails in hospitals permeated by the spirit of careful investigation. This necessity for research in the modern clinic has been so clearly recognized that it is impossible to obtain the services of the best clinicians in an institution that does not encourage research.

I speak with conviction upon this point because for the last five years I have served as a member of the Council on Pharmacy and Chemistry of the American Medical Association and it has been our chief duty to pass judgment on the therapeutic values of new and old drugs. Reports that are submitted by nine tenths of the honest and reputable practitioners are of no value. Reports submitted by well trained clinicians, working in hospitals that are accustomed to research methods and scientific controls, are enormously helpful and are accepted as evidence.

It is hardly necessary to mention the effect on the community if an institution housed in a most impressive building were to lower its standards and content itself with a convenient and comfortable mediocrity. Every student, every member of the staff, would be exposed to the contagion and would carry through the rest of his life that acceptance of lower standards. He would come to the hospital expecting a training and stimulation that would be an inspiration to his whole professional career: he would leave it a poorer man than when he entered.

The problem that confronted us in 1932 was to expand and develop the medical service of the old New York Hospital and preserve its best traditions. We were particularly fortunate because Dr. Conner, Dr. Williams and their associates were able to bring to the new building the spirit of the old institution with its atmosphere of kindliness, thoroughness and devotion to the interests of the patients.

In the Department of Medicine, preparatory to moving there was an amalgamation of four groups that had in the past been more or less loosely connected. There were the two independent medical divisions of the old New York Hospital, one affiliated with Cornell and the other with Columbia. There was also a large group of practicing physicians connected with the Cornell Clinic, who were doing excellent work in the building of the Medical College. There was in addition a group of part time and full time men working on the Second (Cornell) Medical Division of Bellevue Hospital. Since the new building had been planned with six medical wards and a fairly large dispensary, it was hoped that there would be ample material to keep a large staff actively employed. It was the policy of the Department to continue on the staff all of those who had in past years served faithfully in the amalgamated institutions. The part time practitioners and the full time men had been working in harmony for many years. The cooperation of the two groups had been perfectly satisfactory in past years and it has continued to be satisfactory in the new building. The chief difficulty was to provide enough in patients when the depression made it necessary to cut the number of medical wards down to three. This necessity had one fortunate aspect, it helped to concentrate the attention of the senior members of the staff on the out patient department where they are indeed most needed.

There had grown up in New York City a tradition that the bed patient was more important than the ambulatory, that the ward service was on a higher plane than the dispensary. While it is true that the ward patient is more seriously ill, it is not true that his care requires more experience or judgment. In our new building an effort has been made to emphasize the fact that the visit to the ward is usually an incident during a long illness and the more important thing is to treat the ambulatory patient so that he does not need to come to the ward. The dispensary is for the early recognition of disease and the prevention of serious developments: the ward should be considered as a temporary adjunct to the dispensary or to the private physician. Our change in attitude toward the dispensary is well illustrated by the fact that Cornell Medical College has followed the example of several of the other leading schools and has begun to use the dispensary for the training of the fourth year students instead of placing them in the wards. We now have the third year students in the wards where the manifestations of disease are more easily recognized and we do not give the students the more difficult task of treating ambulatory patients until their final year in the College. In the dispensary the work of the students approaches closely that of the family doctor and it is gratifying to see how these students grasp not only the medical problems but the more important aspects of personality and family relationships.

The out patient department has presented more difficulties than any other division in the hospital. It represents an amalgamation of the usual type of dispensary such as was maintained in the old New York Hospital and the pay clinic of Cornell Medical College. These two clinics were almost at opposite extremes and their amalgamation quite naturally raised great problems. In the old building of the New York Hospital the space available for the dispensary was small and poorly arranged. None of the doctors was paid, it was difficult to obtain an adequate staff, the dispensary service was much less desirable than the ward service. Some of the departments were excellent and the patients received good care at low cost. Some were handicapped by large numbers of applicants and crowded rooms, so that although the patients paid small fees they received such inadequate treatment that they were really over-charged.

The Cornell Clinic had been operated for several years as a pay clinic which endeavored to provide adequate medical care for the so-called white collar class that came between the ordinary dispensary group and those who could afford to pay their private physicians. The patients were charged on an average of $1.50 per visit and the doctors were paid at the rate of $5.00 to $7.00 per session. In spite of small quarters the professional work was maintained at a high standard and the doctors were able to afford to give a considerable amount of time to the clinic. The criticism on the part of the profession at large that the patients were diverted from private practice was met with the argument that the doctors were paid for their services.

When we moved to the new building provision was made for the treatment of both groups of patients: at one extreme those who paid as much as $1.50 per visit (Class A) and at the other extreme a limited number of free patients (Class F) and in between other classes graded according to their financial status. No provision was made to pay the doctors, most of whom were suffering acutely from the effects of the depression. They found themselves treating in the dispensary patients whom they would be glad to treat in their own offices for the same fees. Quite naturally a feeling of resentment arose among our own doctors and this spread throughout the community, so that our clinic became the subject of many heated discussions in the New York County Medical Society. In the Department of Medicine it was felt that most of the criticism was fully justified. Recently we have been encouraged by the new dispensary committee which is working out a solution.

Because we have been unable to pay the doctors in money for their long and faithful services in the dispensary every effort has been made to recompense them professionally. Numerous conferences with the hospital consultants have been scheduled and at the end of practically every session there is a meeting at which the important cases can be discussed before the dispensary groups. On Monday afternoons the doctors attend the clinical pathological conference, on Tuesday Dr. Niles and Dr. Goodridge review on the wards the cases that have been admitted from the dispensary, on Wednesdays a special conference is held on diseases of the lungs, on Thursdays and Fridays a consultation clinic is conducted by the hospital consultants in the dispensary. In addition the senior members of the dispensary staff in increasing numbers have been nominated for the privilege of sending patients to the private and semiprivate pavilions. In past years such opportunities have been afforded only to those who were attending on the hospital wards and to a limited number of outside physicians on the courtesy staff. It is hardly fair to give outsiders privileges that are denied to those who work in our own institution. It seems obvious that if a man is considered good enough to treat patients in our dispensary he should be permitted to treat medical patients in the private pavilions. (Surgery of course has its own special problems, but these do not apply to medicine.) We have much better opportunities to study the work of our own medical men than those of the courtesy staff who have no other connection with the hospital. These efforts on our part to recompense our dispensary staff and the hope of fairer treatment in the future have served to maintain the loyalty of the part time doctors in spite of their very real grievances. The institution owes them a debt of gratitude.

With the opening of the dispensary there was naturally a great deal of confusion but the organization is improving and the patients are now receiving excellent care. We have reason to believe that this department is one of the best in the city. At times we have been overcrowded and it has been necessary to turn patients away. The one thing that has been insisted upon is that the standards must be maintained. Now that we have an adequate staff we can take care of all the patients who apply but are suffering from a lack of patients who can afford to pay the fees required. If the hospital should decide to eliminate Class A and B patients and refer them to private physicians, we should undoubtedly suffer temporarily a diminution of income but it is hoped that improvement in the attitude of the profession at large would ultimately result in having more patients in the lower income brackets referred to the hospital so that the total income might eventually be increased.

The medical dispensary is organized with one large general medical clinic and 11 small special clinics. The general medical clinic tries to perform the functions of the general practitioner, the family doctor, taking care of the great bulk of the material and referring to the specialists only those who need the special methods of diagnosis or treatment. A great many patients are referred to our own special clinics or to the non-medical specialties for consultation and treatment. In a similar fashion patients are sent into the wards when they need bed care. An effort is made to have the various diagnostic tests performed while the patient is still ambulatory so that his stay in the hospital is shortened. Experience has shown that the diagnoses made in the dispensary are accurate in a high percentage of the cases. When the patients leave the ward they are returned to the physicians in the out patient department.

One of the most active special clinics is devoted to diseases of the heart and circulation. Dr. Stewart and his associates are highly trained in this field and they make use of the facilities of the electrocardiographic staff, the research laboratory and the wards. Their patients are followed for long periods of time.

The gastro-intestinal clinic under Dr. Douglass Palmer does most of its work in the morning and is closely associated with the Department of Radiology. Contact with the Department of Surgery is maintained through a special consultant.

The thyroid and endocrine clinic under Drs. Richardson, Shorr and Webster has close contact with the Department of Surgery.

It is engaged in active research work through its affiliation with the Russell Sage Institute of Pathology and the Henry Research Fund.

The clinic on diabetes and obesity under Dr. Tolstoi is receiving splendid cooperation from the Department of Nutrition. Miss Stimpson spends practically her whole day in conference with patients, giving them detailed instruction regarding diets. This is of immense practical value to the patients and it saves much time for the medical staff. Her work is by no means limited to patients with diabetes and obesity but extends to all departments of the hospital. Dr. Tolstoi and all of his staff are engaged in clinical studies bearing on some phase of their specialty.

The allergy clinic under Dr. Baldwin is a large and active one, taking care of patients with asthma, hay fever and other allergic conditions. Each worker is assigned some particular clinical problem.

The hematology clinic under Dr. Reznikoff is small but efficient and renders particular service in consultation on patients with diseases of the blood.

The arthritis clinic under Dr. Nicholls handles many patients and does much in the study and treatment of this large and important group.

Dr. Wolff's neurological clinic is not large but has sufficient material to illustrate practically all the diseases of the nervous system. It sees a great many cases in consultation and is in close touch with the Anatomy and Physiology and Pathology Departments in the Medical College. In association with Dr. Milhorat, Dr. Wolff has been carrying on an extensive study of the diseases of the muscular and nervous system.

The skin and syphilis clinic under Dr. Schwartz occupies an entire floor in the adjoining L pavilion and it receives patients three mornings and five afternoons a week. It takes care of a relatively large number of patients in proportion to our total numbers but the material cannot be compared with that available at an institution such as the new Post-Graduate Hospital. Our clinic is particularly interested in the treatment of syphilis and it takes care of patients from the wards as well as from the dispensary. More help is badly needed in the dermatological laboratory.

The special diagnostic clinic under Dr. Lincoln has not been utilized as much as we had hoped. We are anxious to develop a service for neighborhood practitioners who can send us their problem cases for diagnosis.

One of the most rapidly developing features of the out patient department is the pulmonary clinic. We have been made responsible for a tuberculosis district which extends with irregular boundaries, from 79th Street on the north to 63rd Street on the south and from the East River to Fifth Avenue. The City expects us to take care of all tuberculosis cases in this district. We have an unusual opportunity for the study of tuberculosis through our close association with Dr. Opie of the Department of Pathology. Dr. Opie had developed in Philadelphia a method for the study of tuberculosis in the family which has thrown great light on the spread of the disease. The International Health Board of the Rockefeller Foundation has provided financial aid which gives us the services of a secretary, two public health nurses, two highly trained full time physicians, Dr. Beeuwkes, a former intern of New York Hospital and internationally distinguished for his work on yellow fever in Africa, and Dr. Hahn, a former associate of Dr. Opie's. In addition to the scientific aspects of this study there has been one practical feature of great importance. We have been able to discover and treat incipient tuberculosis long before there were any symptoms which would ordinarily lead a patient to consult a doctor. In connection with this clinic is operated the new pavilion H–4 where there are 19 beds devoted to tuberculosis and other chronic lung diseases. Unfortunately most of the tuberculosis patients who need hospital treatment are unable to pay any fees, but the City of New York is now meeting a portion of the cost as it does in the case of other hospitals. This work in tuberculosis is capable of great development, as we have an unusually good opportunity afforded by the combination of the dispensary, hospital ward and public health service. It is to be hoped that one of the proposed City health centers will be located in our immediate neighborhood. If this were done we should have facilities for the training of tuberculosis experts that could scarcely be equalled in the world. Dr. Stainsby deserves much credit for the development of this clinic.

During the first two years in the new building there were only three pavilions open for the Department of Medicine. On the third floor the men's pavilion and the women's pavilion were devoted to non-infectious cases and the pavilion G–4 which contained 15 isolation rooms was devoted to infectious diseases, including tuberculosis. With the expansion of the ward facilities throughout the hospital in the summer of 1934 an ideal ward for medicine was opened in the H–4 pavilion. This had been excellently planned so that it was possible to take care of men and women and also to subdivide the groups into infectious and non-infectious. Nineteen beds in this pavilion were assigned to tuberculosis and seven to dermatology and syphilis. This change has been of great benefit, permitting the segregation of patients with open tuberculosis and the concentration of other patients requiring special study. The removal of the tuberculosis cases from the G–4 pavilion has allowed us to care for many more non-infectious cases in this unit. The fact that G–4 is comprised of separate rooms makes it an excellent overflow station which can take care of any sort of a patient when the three other pavilions are filled. This is important as the beds are filled to capacity during a large portion of the year. They would be filled to capacity during the whole year were it not for the necessity of restricting the number of free patients. The metabolism unit on the second floor which contains six beds has been used for intensive study and treatment of patients requiring careful dietary supervision. This ward is a direct continuation of the metabolism ward which was operated on the Second (Cornell) Medical Division of Bellevue Hospital from 1913 until we moved into the new building. The Bellevue unit had attracted much attention throughout the country and its methods had been copied in a large number of the better hospitals. It is only by means of such careful supervision that exact studies are possible in certain important diseases. This ward is expensive but much less expensive than the waste of time and the inaccurate data that so often accompany dietary studies attempted on a general pavilion. A small group of six patients provides research material for four or five doctors and three technicians. The work is coordinated in such a manner that several research problems can be carried out on the same patient. These studies are invaluable in the estimation of the effects of treatment, they entail no hardships on the patients; in fact it is difficult to induce the patients to leave the metabolism ward and go to another part of the hospital. Some have remained a long time in the metabolism ward because one series of diets or tests follow close on the heels of its predecessor. The longer the patient stays on the ward the better is the condition understood. It usually takes a period of two to four weeks to estimate the normal variations in each individual subject.

Across the hall from the metabolism ward are situated the laboratories that the hospital has provided for the staff of the Russell Sage Institute of Pathology. This Institute, in spite of the modest income of $12,000 to $16,000 a year, has established itself as one of the important research groups in this country. From 1913 to 1932 it was housed in a laboratory adjacent to the wards of the Second (Cornell) Medical Division of Bellevue Hospital. Dr. Graham Lusk was the Scientific Director and I served as Medical Director. In conjunction with the metabolism ward the Institute constructed and operated a large respiration calorimeter which made it possible to study in detail the metabolic phenomena of disease. When we moved to the new building the Institute transferred its affiliation to the New York Hospital and the work continued along somewhat different lines. An attempt is being made to establish the fundamental laws of heat loss through radiation, conduction and vaporization. These have an important bearing not only on questions of clothing and ventilation but also on the phenomena of fever and the treatment of patients. In addition studies are being made on the metabolic phenomena of diseases of the muscular and nervous systems and a careful survey of the dietary adjuvents that are beneficial to these conditions. It has been possible to develop a new creatine test which is of value in the diagnosis and treatment of Graves' disease.

In the course of studies in the mechanism of heat loss from the human body, Dr. Hardy of the Sage staff has developed two physical instruments of great accuracy, a radiometer for the measurement of heat loss from the human skin and an infra red spectrograph that makes possible the detailed study of radiations of the wave lengths emanating from the human body. It is unfortunate that our staff is so small that we cannot make full use of an unusual opportunity to fill certain important gaps in the field of pure physics. These two instruments are of great service in conjunction with the respiration calorimeter.

It is not out of place to point out the value and economy of such a fund as that controlled by the Russell Sage Institute of Pathology under the management of its directors, Drs. D. Bryson Delavan, Lafayette B. Mendel, Homer F. Swift, Walter L. Niles and the present Physician-in-Chief of the New York Hospital. The Institute is accommodated in two laboratories of the New York Hospital that would otherwise remain vacant. The overhead expenses for the management of the fund during the last twenty years has seldom amounted to more than $400 per year. The rest of the fund is used for salaries, apparatus and supplies. The research material is available not only for the small group employed by the Institute but also for many others in the affiliated Department of Medicine. During the last twenty years research fellows and volunteer workers have come from all parts of the world, including South America and Australia.

It seems to be much more economical and efficient to have such research funds housed in the unoccupied laboratories of hospitals than to have them construct their own buildings, devoting an enormous proportion of the income to overhead expenses.

Another useful fund has been established along similar lines by the wife of one of the governors of this hospital. Mrs. Barklie M. Henry has provided a very generous annual contribution to be devoted to the study of endocrine products. Dr. Webster is in charge of this work and is assisted by Dr. Friedman and a skilled technician and laboratory helper. The work is done in two of the laboratories which would otherwise be vacant. Clinical material is provided not only in the general wards and metabolism ward but also in the special endocrine clinic of the out patient department. It has been possible to carry on carefully controlled scientific observations in a field where most of the work has been speculative and grossly inaccurate. Enough has been accomplished already to show that many of the widely used endocrine products are worthless and that certain others are extremely valuable.

Investigations in this same field are being carried on by Drs. Richardson and Shorr in collaboration with Dr. Papanicolaou of the Department of Anatomy. They have already made great practical advances in the study of female sex hormones, developing a test that makes it possible to estimate their effects on clinic patients. Their work is of considerable value in alleviating the distressing symptoms that sometimes accompany the menopause.

We have already referred to the valuable aid to our pulmonary clinic furnished by the International Health Board of the Rockefeller Foundation.

It is with great pride that we point to the fact that our department has been considered a suitable place for these three separate research grants. They have made it possible to extend our own facilities which were seriously limited by the stern necessity of the depression. We still have room for future developments along these lines, since they add but little to our expense while giving us greatly increased opportunities to fulfill our responsibilities to the community and to the science of medicine.

In addition to these special funds the spirit of investigation permeates the whole department. In the field of diseases of the heart and circulation Dr. Stewart and two assistant residents, Drs. Crane and Deitrick, are studying the volume output of the heart and the efficiency of the circulation in a wide variety of conditions. They are making quantitative observations of the effects of various drugs. Drs. Richardson and Shorr and one of the assistant residents, Dr. Mansfield, are studying the metabolism in Graves' disease and continuing their work on the respiration and metabolism of small portions of surviving tissue. In the dermatology clinic a number of the staff are making a variety of studies in their clinical cases and Dr. Grace has been developing a new and important aid to the diagnosis of lymphogranuloma inguinale. Dr. Rezikoff in the field of diseases of the blood has paid particular attention to a study of the cause of polycythemia and with Dr. N. C. Foot who is in charge of surgical pathology has made a valuable contribution to our knowledge of this condition. The gastrointestinal clinic is trying to evaluate a new and widely heralded method of treatment for gastric ulcer. The allergy group under Dr. Baldwin are all engaged in clinical studies and are planning a careful survey of the various preparations provided by the different manufacturers. The same spirit of investigation pervades those working in the diabetes and obesity clinic under Dr. Tolstoi. The group interested in clinical arthritis under Dr. Cecil and Dr. Nicholls and one of the assistant residents, Dr. Friess, have been actively engaged in the study of the various new drugs. Dr. Wolff in the neurology clinic has succeeded in gathering into his clinical group Dr. Hausman, who teaches neuro-anatomy; Dr. Lewis D. Stevenson, who teaches neuropathology, and Dr. Milhorat of the Sage staff, who is studying the metabolism in the diseases of the nervous and muscular systems. Dr. Wolff is carrying on research work in the Department of Physiology.

The Physician-in-Chief has unfortunately had very little time for investigative work or even for supervision but he has taken part in the work of the Russell Sage Institute of Pathology in the study of heat loss from the human body in health and disease, and has been able to devote the summer months to preparing a new edition of a monograph on basal metabolism.

Except for a few of the investigators who are employed by special funds all of the staff devote the major portion of their time to work with the patients and to the teaching of students. The research work has to be fitted in to the hours when they are not needed in the pavilions or the out patient department. Inasmuch as our desire is to develop the best type of clinician it is necessary to provide opportunities for a large amount of clinical work, teaching and executive experience.

There are three affiliated institutions that are important in our department. The first of these is the Cornell Medical Division in Bellevue Hospital under the direction of Dr. Spencer. We are assigned the responsibility of furnishing a suitable staff to look after three large and very active medical wards. They are essential in providing material for approximately one third of the students of Cornell University Medical College. Our four wards with only 109 beds do not give us enough patients to teach all of the Cornell students at the New York Hospital. If two additional medical wards were opened we should have enough material but this would involve an expense to the hospital much greater than the cost of the small staff now maintained at Bellevue. In addition Bellevue furnishes a very different type of service and is extremely valuable in the training of students and staff. Many of the members of the New York Hospital staff work in both places at different times of the year. The service at Bellevue constitutes an important reserve field where we can in an emergency take care of large numbers of students.

The Neurological Service of Bellevue under Dr. Foster Kennedy provides the best clinical material in this country and is of great value in teaching our students.

The third affiliated clinic is the New York State Hospital for Incipient Tuberculosis at Ray Brook. For many years, the director, Dr. Harry A. Bray, has been coming to New York to work in the general medical wards of Bellevue or New York Hospital for a month each year. Recently the other members of the staff have been visiting us in turns for a similar period. Dr. Bray and his associates are of great help to New York Hospital in giving us the benefit of their special training in diagnosis and treatment of tuberculosis. Many of our students go to Ray Brook for an elective course lasting a month. Many of our attending house staff visit the hospital for similar training. We are sending patients from the pavilions to Ray Brook and this same institution has taken care of our medical students, nurses and staff when they have been so unfortunate as to develop tuberculosis. From time to time patients are sent from Ray Brook to us or to the surgical department for special investigation or for operative treatment.

The private patients pavilions presented at first many problems of management but these have been straightened out by the committee consisting of Dr. Pool and Dr. Cussler. In October, 1934, two semiprivate pavilions for medical and surgical cases were opened on the second floor of the F and G wings, the unoccupied space that had been assigned to medicine. These two pavilions are also under the management of the Private Patients Committee. A special resident staff composed chiefly of doctors with surgical training look after these patients. The nursing care for private and semiprivate patients has been excellent and the food unusually good and the service seems to be deservedly popular. Only a relatively small proportion of the cases are medical.

The Physician-in-Chief and the other full time members of the staff see a few private patients and this helps them to keep in touch with the problems of private practice. Occasionally patients are referred to them by friends or by physicians who wish some special form of examination or treatment. It seems necessary and highly desirable to have these full time men with their somewhat unusual training available for all classes of the community, but an effort is made to keep the number of such private patients at a minimum. The spirit of full time medicine demands that the major effort should be given toward the poorer patients, to research and executive work. There should be cooperation but no competition with the part time practitioners. In the Department of Medicine when cases are sent to the full time doctors as many as possible are referred to the private practitioners on our own staff. There are always a few cases that must be seen by the full time staff and the fees from such cases are turned over to the hospital to be applied to research.

In the Department of Medicine there are now nine doctors on the full time basis paid by the hospital and in addition there are six research workers paid by other funds. Fourteen residents and interns may also be considered on a full time basis. All of these doctors are engaged on the understanding that they shall not enjoy any pecuniary rewards from private practice. They devote their full energy to the work of the institution. Most of that group are planning careers in academic medicine with teaching and research. Some are planning to go eventually into private practice. During the last few years the depression has had a profound influence on medical colleges and practically no new appointments have been made. This has interfered greatly with the flow of personnel which was such an important part of the system before 1929. When there was an active competition between the different medical schools and hospitals for the services of the best men, promotion came much more rapidly. Now there is a great stagnation everywhere throughout the country. Many of the older men will be gradually forced into private practice, abandoning their research careers. Many promising young men will find that there is no opportunity for advanced training.

The old controversy about the advantages of the part time system and the full time system in the Department of Medicine has quieted down, although it is still active when it concerns some of the other branches of the medical sciences. The Physician-in-Chief has served Cornell University Medical College of New York Hospital for two periods on a part time basis and for two periods on a full time basis, alternating between the systems. As far as he can tell his work has been of the same quality throughout. Under the part time system a doctor has somewhat more freedom. On the full time system he is supposed to be in the hospital all day and devote much time to executive work. He becomes the target for all sorts of committee meetings, conferences, interviews, etc. The executive officers of his own institution and of innumerable medical and charitable groups throughout the country have the impression that since he is on full time basis he is available for any and every worthy project. Somewhat the same attitude prevails with physicians in the community who come to him for advice. These same executive officers, charitable institutions and practicing physicians would hesitate to encroach upon the time of one engaged in general or consulting practice, since they estimate that his time is worth a certain number of dollars per hour. Time spent in work of an executive nature limits seriously the opportunities for reading and the careful study of patients and there is a real danger that the modern full time head of an active department will not be able to keep up professionally with his part time associates. Unless measures are taken to counteract this tendency, the full time professor who has made his name as a clinician, teacher and investigator will become nothing more than an executive, a sort of hospital superintendent, living on his past reputation. This is far from the ideal of a chief who can act as the leader of a highly trained group of younger men. The only remedy would be an active campaign on the part of hospital and university authorities to perfect an organization that would budget time as carefully as it budgets dollars.

It is a pleasure to report that in our department the relationship between the part time and full time men on a whole have been most cordial. A few exceptions may occur but the two groups feel that there are many advantages in the combination.

Perhaps the most important work of our whole department is the training of physicians. The second year medical students are given introductory courses in the laboratories and on the wards; the third year students serve as clinical clerks, helping the house staff in the care of their patients; the fourth year students in the dispensary. Our intern staff is selected from the graduating class of our own and other medical schools. Through the kindness of the other members of the staff they are given the greatest opportunities in the whole service. Each intern is responsible for all of the work on about fifteen patients. He himself plans the necessary diagnostic procedures and their performance becomes a pleasure instead of a chore. In many hospitals the first six months of an internship consists of routine laboratory work or ward work performed on cases about which the intern knows next to nothing. On our type of service there is no such drudgery. Although the interns are given much responsibility, they are carefully supervised by the resident and the assistant residents. These residents have all served a previous internship and they are obtaining a broader experience in special clinics and laboratories and in consultations. All of them are engaged in various investigative problems. All of them work in the dispensary as well as on the wards.

The junior members of the attending staff work in the wards and in the dispensary and help in the teaching. The senior members act as consultants in the wards and in the dispensary. The dispensary acts as a center for many meetings organized for the purpose of mutual instruction.

The most important is the clinical pathological conference attended by a large proportion of the medical staff. At this meeting the intern presents a summary of the clinical history of the patient who has died. The various members of the audience are then asked to make diagnoses and there is a full discussion of the diagnostic features, management and treatment of the case. The ward diagnosis is then discussed and criticized. After the various members of the staff have gone on record with their diagnoses the pathological department presents the findings at autopsy. This conference is invaluable as the means of checking up the work and the ability of the different members of the staff. Errors in diagnosis or management are brought to light before a large audience and the lessons to be learned are emphasized. The work of the Pathological Department is carefully performed and well presented and the members of our department receive the benefits of instruction from a most critical yet friendly group of observers. It is only in an institution such as ours that conferences of this type are possible. In private practice and in smaller communities, diagnoses are seldom checked. The practitioner has not much more idea of his accuracy than a rifleman shooting at a distant target which is not available for examination.

The science of medicine has been built around the pathological examination of patients coming to autopsy. Fortunately the prejudice against post mortem examinations is rapidly disappearing. In New York Hospital the room in which these examinations are performed resembles an operating room and maintains the same spirit of quiet dignity. We have obtained permission for autopsies in 63.6 per cent of the medical cases. As a rule the relatives are glad to help out the doctors who have shown a kindly, sympathetic attitude toward the patient and his relatives. They realize that this is the only way in which the dead can serve the living.

In addition to our contacts with the Department of Pathology we have cooperated as much as possible with the other departments in the medical school and many research problems are undertaken in common. We are in constant touch with the Department of Surgery, as there are many transfers to and from their wards. Our resident spends a considerable proportion of his time in the Women's Clinic, studying particularly their cardiac patients. Several of our research problems are performed in conjunction with the Department of Pediatrics. We are greatly indebted to them for their permission to use their constant temperature room. We are especially fortunate in having members of the Department of Psychiatry work in our wards and dispensary, studying the mental aspects of organic diseases. It is most gratifying to note the manner in which students, house staff and attendings are paying more and more attention to the personal problems of the patient and his mental attitude. Not only are they interested in the formerly neglected neurasthenics but they are actually obtaining good results in their treatment.

The Department of Medicine is greatly indebted to the Central Laboratories for an unusually efficient assistance in many different diagnostic procedures. Their work is extremely accurate. Similarly we are indebted to the Department of Radiology for splendid cooperation and unusually excellent technique. The Nutrition Department has performed an outstanding piece of work in supplying our patients with remarkably good food, well served. The nursing throughout the institution is excellent and leaves nothing to be desired. We are receiving great help from the well equipped Physiotherapy Department and our therapeutic pool gives us a great advantage over most institutions in treating patients with weak or paralyzed muscles. Our records are well cared for in an efficient Record Room and patients' charts are obtainable on surprisingly short notice.

The Department of Medicine is deeply appreciative of the support that the Board of Governors has given to the Medical Board in its reorganization of professional matters. The confusion that naturally followed the opening of the new building has largely disappeared and the work of our department has been made easy by the efficient and sympathetic management of the Executive Director. The outlook is brighter each year.

Respectfully submitted,

EUGENE F. DU BOIS

Physician-in-Chief.

June 6, 1935.

NEW YORK HOSPITAL

1934–1935

Physician-in-Chief

Eugene F. Du Bois

Consulting Physicians

Lewis A. Conner
Samuel W. Lambert
William R. Williams

Attending Physicians

Malcolm Goodridge
Walter L. Niles
Henry B. Richardson
Joseph C. Roper
Harold J. Stewart
G. Canby Robinson (on leave)
Foster Kennedy*
Hans J. Schwartz **

Associate Attending Physicians

Russell L. Cecil
Edward Cussler
Cary Eggleston
Arthur L. Holland
Harold E. B. Pardee
Paul Reznikoff
Henry J. Spencer
Harold G. Wolff *
J. Frank Fraser **

Assistant Attending Physicians

Horace S. Baldwin
Harry A. Bray
Robert A. Cooke
Arthur W. Grace
Connie M. Guion
Edwin T. Hauser
Louis A. Hauser
Evelyn Holt
Leslie A. Homrich
William S. Ladd
Asa L. Lincoln
Edgar Mayer
Norman Plummer
John H. Richards
Ephraim Shorr
Wendell J. Stainsby
Lewis D. Stevenson *
Bruce Webster
Alexander H. Williamson *
Dan H. Witt

Physicians to Out Patients

A. A. Antoville
William M. Archer **
James R. Beard
Harold S. Belcher
James M. Bethea
Edward A. Burkhardt
Francis W. Davis
Emil A. Falk
John M. Gibbons
Louis Housman
Milton Helpern
Scott Johnson
Michael Lake
Dorothea Lemcke
Leon I. Levine
Julia V. Lichtenstein

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* Neurology
** Dermatology

Robert O. Loebel
Thomas T. Mackie
Kirby Martin
Annie Parks McCombs
Arthur M. Master
Ade T. Milhorat
Edith E. Nicholls
Henry D. Niles **
Douglass Palmer
Norman Papae
Frank H. Peters
Ray H. Rulison **
Aaron D. Spielman
John W. Stickney
Fielding L. Taylor **
Edward Tolstoi

Marion Tyndall
H. McLeod Riggins
Arthur L. Washburn
Morris M. Zucker
John C. Dundee
Maurice B. Kagan
Robert M. Lintz
Herbert Pollack
Leonard Tarr
L. Edward Gaul **
Andrew J. Gilmour **
Thomas N. Graham **
John H. Harris **
Mabel G. Silverberg **
George M. Lewis **
Anibal Zelaya **

Assistant Physicians to Out Patients

Joseph Amersbach
Leonora Andersen
Henry Beeuwkes
Harry S. Berkoff
Juliette Bernat
George E. Binkley
Daniel Blain
Oliver Bosworth
Laila Coston-Conner
Edward M. Dodd
J. W. Ehrlich
Frank Falconer
Winifred H. Franklin
Elmer S. Gais
Frank Garai **
Irene H. Gates
David Glusker
Armand L. Greenhall
Frederick H. Howard
Adib Karam
Marguerite Kingsbury
Milton L. Kramer
Bernard Kugelmann
J. George Lang
Louis Langman
Jane Lockwood
Victor W. Logan
Isabel London
Marsh McCall
William D. Mackay

William M. MacLean
Elizabeth G. Nicholls
Anna Platt
Arthur H. Raynolds
Ada C. Reid
Evelyn Rogers
John D. Russell **
Theresa Scanlan
S. M. Seidlin
Paula Seiler
William D. Stubenbord
Gurney Taylor
John G. Vaughan
Mary Walton
Stephen White
Byard Williams
Leverett S. Woodworth
George J. Young
George Miller Clough
Victor C. Jacobsen
Leif Y. Jacobsen
Virginia Langworthy
Jacques Kroner
Sophie Andrews Root
William M. Meredith
Herman Rothman
LeMoyne Copeland Kelly
Mack McConkey
Edward Levy
Eric C. Richardson

Richard Glenn Hahn

**Dermatology

Resident in Medicine

THEODORE W. OPPEL

Assistant Residents in Medicine

NORMAN F. CRANE
JOHN E. DEITRICK
CONSTANCE FRIESS
FRANKLIN H. GRAUER
JAMES S. MANSFIELD
RAYMOND E. MILLER
CARL MUSCHENHEIM

Interns in Medicine

VERONICA C. BROWN
NATHANIEL COOPER
PAUL OONK HAGEMAN
PERCY HALL JENNINGS
WALSH McDERMOTT
WILSON FITCH SMITH, JR.

April 5, 1935

Former Members of Intern and Resident Staff, with Mailing Addresses

DR. W. D. STRAYHORN, JR.,
Tennessee Valley Authority,
Norris, Tennessee.
Physician to Norris Hospital.

DR. THOMAS HALE HAM,
Thorndike Memorial Laboratory,
Boston City Hospital,
Boston, Massachusetts.
Assistant Resident Physician.

DR. WILLIAM P. THOMPSON,
Harvard Medical School,
Boston, Massachusetts.
Fellow in Medicine.

DR. DEAN A. CLARK,
Cornell University Medical College,
1300 York Avenue,
New York City.
National Research Fellow (Physiology).

DR. SANDER COHEN,
University of Cincinnati,
Cincinnati, Ohio.
Assistant in Medicine.
In private practice.

DR. MYRON J. ADAMS,
Women's Clinic,
New York Hospital.
Intern.

DR. MARVIN B. CORLETTE, JR.,
Vanderbilt University Medical School,
Nashville, Tennessee.
Assistant in Medicine.

DR. BENJAMIN F. MILLER,
Rockefeller Hospital,
York Avenue and 66th Street,
New York City.
National Research Fellow.

DR. FELIX H. VANN,
Sloan Hospital for Women,
New York City.
Intern.

DR. LAWRENCE MISCALL,
27 East 63rd Street,
New York City.
Assistant Attending Surgeon.
Bellevue Hospital.

Dr. James B. McLester,
930 South 20th Street,
Birmingham, Alabama.
In private practice.

Dr. William L. Wheeler, Jr.,
348 West 22nd Street,
New York City.
In private practice.

Dr. William D. Stubenbord,
140 East 54th Street,
New York City.
Assistant Physician to Out Patients, N. Y. H.
Clinical Assist. Visiting Physician, Bellevue.
In private practice.

Dr. Jane Lockwood
Greenwich, Connecticut.
Assistant Physician to Out Patients, N. Y. H.
In private practice.

Dr. J. Lawrence Pool,
Presbyterian Hospital,
620 West 168th Street,
New York City.
Intern in Surgery.

Dr. John A. Lichty,
Rochester Medical School,
Rochester, New York.
Instructor in Bacteriology.

ADMISSIONS TO CLINICS IN MEDICAL OUT PATIENT DEPARTMENT, NEW YORK HOSPITAL

	Sept.–Dec. 1932	*1933*	*1934*	*Total*
Allergy Clinic	92	582	590	1,264
Arthritis Clinic	142	645	599	1,386
Cardiac Clinic	120	422	351	893
Consultation Clinic	156	..	..	156
Diabetes and Overweight Clinic	118	464	439	1,021
Diagnostic Clinic	1730	..	..	1,730
Endocrine Clinic	88	550	591	1,229
Gastro-Intestinal Clinic	556	1594	1526	3,676
General Medical Clinic	905	5075	6487	12,467
Hematological Clinic	11	77	84	172
Neurological Clinic	115	555	498	1,168
Pulmonary Clinic	113	866	1035	2,014
Skin Clinic	721	2202	2388	5,311
Totals	4867	13,032	14,588	32,487

DISCHARGES, DEATHS, AUTOPSIES
MEDICAL PAVILIONS, NEW YORK HOSPITAL

Year	*Total Number of Patients Discharged*	*Deaths*	*Percentage of Deaths*	*Number of Permissions for Autopsies*
1933	1192	108	9.06%	69 (61.72%)
1934	1284	117	9.11%	71 (60.68%)

VARIETY OF DISEASES FOUND IN MEDICAL WARDS

List of diagnoses on the medical wards on March 16, 1935.

Acute epidemic encephalitis
Acute glomerulo nephritis
Adenocarcinoma of bronchus
Adenocarcinoma of colon
Adenocarcinoma of stomach
Adenoma of adrenal glands with hyperadrenalism
Anxiety hysteria
Arteriosclerosis of feet with gangrene
Arteriosclerotic heart disease
Asthma bronchial
Bleeding duodenal ulcer
Bronchiectasis
Bronchopneumonia
Chronic cholelithiasis and cholecystitis
Chronic cystitis
Coronary thrombosis
Degeneration of pituitary gland—cause unknown
Dermatitis exfoliativa
Diabetes mellitus
Duodenal ulcer
Emphysema of lung
Epidemic parotitis (mumps)
Erysipelas
Generalized actinomycosis
Glioma of brain
Glomerulo nephritis
Hypertensive cardiovascular disease
Hemolytic streptococcus bacteremia
Infarction of lung—embolic
Infarction of myocardium due to arteriosclerosis
Jejunal ulcer
Lung abscess—Friedlander bacillus
Lymphatic leukemia—chronic
Lymphogranuloma inguinale
Meningeal hemorrhage of undiagnosed origin
Mononucleosis—infectious
Multiple sclerosis
Optic neuritis due to remote infection
Pernicious anemia
Pneumococcal lobar pneumonia
Portal cirrhosis
Psychosis with syphilis of central nervous system
Pulmonary tuberculosis
Rheumatic fever
Rheumatic heart disease
Rheumatoid arthritis
Scarlet fever
Scurvy
Taboparesis
Toxic diffuse goiter
Tuberculosis of pleura
Tuberculous empyema
Ulcerative colitis—nonspecific

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